

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

June 19, 2003

Re: IRO Case # M2-03-1064

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 36-year-old female who developed right arm pain secondary to repeatedly scooping ice cream. The discomfort was mainly in the right hand, with discomfort also in other areas of the right upper extremity. Her pain increases with writing and lifting. Carpal tunnel syndrome was diagnosed clinically and with electrodiagnostic testing. Two carpal tunnel surgeries were performed on the right side. But the patient's pain continues. She has had changes that suggest the potential of some sympathetic nervous system disruption in the right upper extremity. A block on 3/20/03 failed to relieve her pain.

Requested Service(s)

Right stellate ganglion nerve blocks X3 right upper extremity

Decision

I disagree with the carrier's decision to deny one stellate ganglion nerve block.

I agree with the carrier's decision to deny more than one stellate ganglion nerve block at this time.

Rationale

A series of three blocks is usually used to determine if there is distinct evidence of RSD, and a more permanent procedure needs to be carried out. If one block is unsuccessful in relieving pain, then one other block is indicated, assuming that there is the possibility that technical factors interfered with the first block. Therefore, an additional sympathetic block is indicated, but a series of three is not necessary unless the first block is successful.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669, Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308(t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 24th day of June 2003.